



Accessible Campus Community & Equitable Student Support

Consent for Release of Confidential Information

Consent is hereby given to disclose the information and copies of record specified below of

_____ (Name of Student) (Birthdate)

Info to be released: _____

From/to: Southern Illinois University Edwardsville
ACCESS – Accessible Campus Community & Equitable Student Success
Student Success Center Room 1203
Box 1611
Edwardsville IL 62026
Phone: 618/650-3726 Fax: 618/650-5691

From/to: _____
(Name of agency/professional person)

(Address)

(Phone) (Fax)

Signature of consenting person Date

Signature of witness Date